UNICEF
Facts and figures
1990

UNITED NATIONS CHILDREN'S FUND

UNICEF TODAY

UNICEF began in 1946 as the United Nations International Children's Emergency Fund, to help the children of war-devastated Europe. In the early 1950s, the General Assembly shortened UNICEF's name and enlarged the organization's mandate to address the problems of children in the developing world. Following the International Year of the Child in 1979, UNICEF pursues its advocacy role on behalf of children in both industrialized and developing countries. In 1965 UNICEF was awarded the Nobel Peace Prize, linking work for children to world peace.

Today, UNICEF is a network of country and regional offices serving 128 countries in the developing world, supported by partner National Committees and other voluntary organizations in the industrialized world.

UNICEF is an integral, but semi-autonomous part of the United Nations, with its own 41-member Executive Board which usually meets once a year to establish policy, review programmes and approve budgets.

Through its country offices, UNICEF co-operates with governments in their efforts to meet the needs of children, gearing co-operation to the particular situation and priorities, with relatively greater support for the least developed nations, and particular attention to the major causes of death and disease among children under five. Advocacy and action focus on the world's high levels of infant and young child death and disease.

Each year, 14 million children die before the age of five, and estimates are that at least half these deaths could be averted, and as many disabilities prevented, by a handful of low-cost health actions.

UNICEF/Wyatt 37

Some four million children who succumb to diarrhoeal dehydration each year, for example, could be treated by a starch or sugar and salt mixture in water; many of the three million children who die each year from measles, whooping cough, diphtheria, tetanus, polio and tuberculosis could be saved by immunization. Millions more malnutrition-related deaths could be averted by encouraging a return to breast-feeding and by mothers regularly weighing and monitoring their children's growth, thus enabling them to detect the first signs of undernutrition and take, in most cases, relatively straightforward remedial action.

There are other measures against the most common causes of child death, which parents and communities can manage and sustain, and these depend on spreading knowledge and basic skills within the community. This self-reliant community-based services approach is the practical, organized foundation on which the possibility of a virtual revolution in child survival and development is based.

The community-based approach and priority, low-cost, sustainable health measures are vital when dealing with emergencies such as in Africa, where over-stretched government resources and logistical difficulties have made the problems of mass migration, widespread destitution and large-scale, long-term dependence on relief feeding unavoidable. Only by focusing on productivity and self-reliance at the local level and tackling the development problems can strength be built to withstand such natural calamities. □

Members of the Board 1990–91

Bangladesh	*Oman*
Barbados	*Pakistan*
Bolivia	*Peru*
Byelorussian SSR	*Poland*
Cameroon	*Republic of Korea*
Canada	*Sao Tome and Principe*
China	*Sierra Leone*
Denmark	*Spain*
Egypt	*Sri Lanka*
Finland	*Sudan*
France	*Sweden*
German Democratic Republic	*Switzerland*
	Thailand
Germany, Federal Republic of	*Uganda*
	Union of Soviet Socialist Republics
India	*United Kingdom of Great Britain and Northern Ireland*
Indonesia	
Italy	
Japan	
Liberia	
Mexico	*United States of America*
Netherlands	*Uruguay*
Nicaragua	*Zimbabwe*
Nigeria	

UNICEF SUPPORTERS

UNICEF is unique among United Nations organizations because a significant proportion of its funding – roughly one fifth – comes from the public. In its work, the organization focuses on action at the community level where the kind of development most likely to benefit children begins. UNICEF thus provides a link between children and families in the developing world and a community of support world-wide.

Public or governmental, UNICEF funding is entirely voluntary. In 1989, more than 120 governments, including those of most countries where UNICEF is co-operating in development efforts, provided about 76 per cent of UNICEF income. Much of the volunteer fund-raising was initiated by National Committees for UNICEF, which, with individual contributions, accounts for the rest.

Primarily organized in industrial countries, the Committees are concerned with increasing financial and other public support for UNICEF and the concerns of children. This they do either indirectly through advocacy and public education, or directly through greeting card sales and other fund-raising activities. The Committees play an important part in generating a better public understanding of the needs of children in developing countries and how UNICEF works to meet those needs.

Thirty-three groups are now providing fund-raising and advocacy support to UNICEF in:

Australia	Denmark
Austria	Finland
Belgium	France
Bulgaria	German Democratic Republic
Canada	
Czechoslovakia	Germany, Fed. Rep. of
Greece	Portugal
Hong Kong	Romania
Hungary	San Marino
Ireland	Spain
Israel	Sweden
Italy	Switzerland
Japan	Turkey
Luxembourg	United Kingdom
Netherlands	United States of America
New Zealand	Yugoslavia
Norway	

For more information about UNICEF, see the 1990 Annual Report, available from Field Offices and National Committees.

'FIRST CALL' FOR CHILDREN

The Convention on the Rights of the Child was unanimously adopted by the United Nations on 20 November 1989. The result of a unique co-operation between governments, UN bodies and non-governmental organizations (NGOs), the Convention reflects the view that the lives and the normal development of children should have 'first call' on society's concerns and capacities. Children should be able to depend on that commitment in good times and in bad, in normal times and in times of emergency, in times of peace and in times of war, in times of prosperity and in times of recession.

The Convention is the first agreement among the nations of the world on the legally defined rights of the child. On 2 September 1990 it was also the first human rights instrument to become international law in less than one year, having been ratified by more than 20 countries.

The Convention gives a set of standards for children's well-being which can be described as:

Survival rights – The child's right to life, to an adequate living standard, including shelter and nutrition, as well as access to medical services.

Development rights – The right to education, play and leisure, cultural activities as well as access to information, and freedom of thought, conscience and religion.

Protection rights – The right to be protected against all forms of exploitation and cruelty, arbitrary separation from family, and abuses in the criminal justice system.

Participation rights – The child's right to freedom to express opinions and to have a say in matters affecting his or her own life. As capacities evolve, the child shall have increasing opportunities to take part in the activities of society, as preparation for responsible adulthood.

A new morality for children has materialized in the Convention. It is, as is all legislation, a reflection of a society's values and ideals. It codifies measures to ensure the survival of the millions of children whose lives are threatened by easily preventable diseases and malnutrition and those whose rights are violated by exploitation and neglect. After this, such measures are to be taken not as gestures of charity but to fulfil obligations to all their children that the adult world has agreed upon. The Convention is a new yardstick for the international community against which all progress for children will be measured.

The Convention has already proven effective as a vehicle for mobilizing on children's issues. For UNICEF, the Convention has served as an important guideline for the global goals for children in the 1990s to ensure the survival, protection and development of all children and to prevent the unnecessary deaths of millions of children. NGOs and intergovernmental organizations have studied the Convention to match their programmed goals with its ideals and provisions.

UNICEF/Wyatt 35

To make sure that children all over the world really are able to exercise their rights, governments and the public must recognize that it is an important step for them to support implementation of the Convention at all levels. □

UNICEF income by source 1989

Further information about UNICEF and its work may be obtained from:

UNICEF Headquarters
UNICEF House
3 UN Plaza
New York, N.Y. 10017, U.S.A.

UNICEF Geneva Office
Palais des Nations
CH-1211, Geneva 10, Switzerland

UNICEF Regional Office for Eastern and Southern Africa
P.O. Box 44145, Nairobi, Kenya

UNICEF Regional Office for Central and West Africa
B.P. 443, Abidjan 04, Côte d'Ivoire

UNICEF Regional Office for the Americas and the Caribbean
Apartado Aereo 39-45, Bogotá, Colombia

UNICEF Regional Office for East Asia and Pakistan
P.O. Box 2-154, Bangkok 10200, Thailand

UNICEF Regional Office for the Middle East and North Africa
P.O. Box 811721, Amman, Jordan

UNICEF Regional Office for South Central Asia
UNICEF House
73 Lodi Estate, New Delhi 110003, India

UNICEF Office for Australia and New Zealand
P.O. Box 488
Crown Victoria Building
Sydney, N.S.W. 2000, Australia

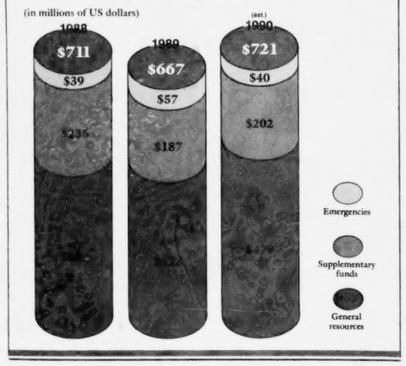
UNICEF Office for Japan
Kowa Aoyama Annex Building, Shibuya
4-4, Minami-Aoyama 6-chome
Minato-ku, Tokyo 107, Japan

TWELVE WAYS *UNICEF helps children with just one dollar*

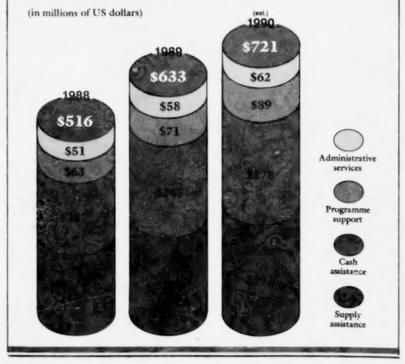
- A foetal stethoscope to monitor heartbeats before birth *or*
- Enough high-dose vitamin A capsules so that 30 toddlers can be protected against nutritionally caused blindness for one year *or*
- Enough antibiotic ointment to treat six children afflicted with trachoma, an eye disease which, if left untreated, can lead to blindness *or*
- Enough vaccine to immunize seven children against measles and poliomyelitis, a leading cause of childhood disabilities *or*
- Enough vaccine to immunize 20 children against tuberculosis *or*
- Enough vaccine to immunize 15 children against the triple threat of diphtheria, whooping cough and tetanus *or*
- A vaccine-storage thermometer vital to monitoring vaccine-storage temperatures *or*
- Two clinical thermometers for a health centre *or*
- Enough Piperazine tablets to cure over 25 children who suffer from intestinal worms *or*
- Three bottles of chloroquine syrup to treat children suffering from malaria *or*
- Exercise books for 10 schoolchildren *or*
- A pound of pea seeds or six packets of lettuce seeds for a school or community vegetable garden.

UNICEF/Wyatt 34

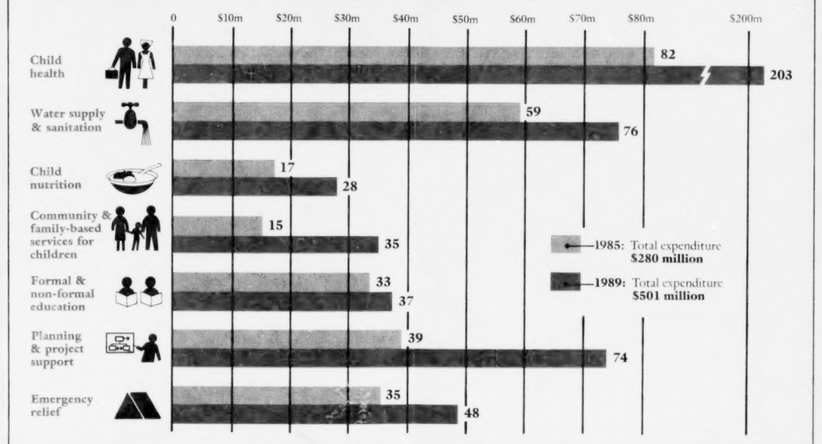
UNICEF INCOME 1988–90



UNICEF EXPENDITURES 1988–90



UNICEF EXPENDITURES ON PROGRAMMES BY SECTOR 1985/1989



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SIX WAYS *UNICEF helps children with 70 cents or less*

$0.16	… a vial of penicillin to treat a child's infection
$0.24	… Enough Oral Rehydration Salts to treat and restore to health one infant up to 18 months old suffering from a moderately severe bout of diarrhoea and dehydration
$0.44	… A sterile dressing for treating a child's wound
$0.18	… A nasal tube for feeding a seriously malnourished child
$0.44	… A box of 12 hypodermic needles to immunize children
$0.70	… Enough medicine to treat one child with TB for one week

UNICEF PROGRAMMES FROM GENERAL RESOURCES

UNICEF currently co-operates in programmes in 128 countries: 44 in Africa; 34 in Asia; 35 in Latin America; 15 in the Middle East and North Africa.

Afghanistan	1990-91: $10,000,000	Gabon	1989: $50,000	Niger	1990-94: $7,500,000
Algeria	1986-89: $1,665,000	Gambia	1987-91: $1,064,000	Nigeria	1989-mid-91: $29,000,000
Angola	1987-91: $5,924,000	Ghana	1985-90: $8,574,000	Oman	1990-91: $750,000
Argentina*	1989: $1,629,000	Guatemala	1988-91: $2,597,000	Pacific Islands**	1988-92: $3,250,000
Bangladesh	mid-1988-mid-93: $65,000,000	Guinea	1987-91: $5,765,000	Pakistan	1988-92: $35,000,000
Barbados*	1989: $135,000	Guinea-Bissau	1989-93: $1,500,000	Panama*	1989: $340,000
Belize	1989: $80,000	Guyana	1990-94: $1,600,000	Papua New Guinea	1988-92: $1,200,000
Benin	1990-94: $4,455,000	Haiti	mid-1990-mid-95: $7,305,000	Paraguay	1989-93: $1,640,000
Bhutan	1986-91: $2,850,000	Honduras	mid-1987-91: $2,077,000	Peru	mid-1987-92: $5,950,000
Bolivia	1989-93: $5,270,000	India	1986-89: $140,437,000	Philippines	1988-92: $12,500,000
Botswana	1990-94: $2,500,000	Indonesia	1990-95: $62,450,000	Rwanda	1988-93: $6,000,000
Brazil	1990-95: $9,552,000	Iran, Islamic Rep. of	1990-96: $2,500,000	Sao Tome and Principe	1989-90: $500,000
Burkina Faso	1988-91: $5,800,000	Iraq	1990-95: $2,850,000	Senegal	1987-91: $7,479,000
Burundi	1989-92: $6,000,000	Jamaica	1990-94: $1,500,000	Seychelles*	1989: $50,000
Cambodia	1991: $2,500,000	Jordan*	1990-94: $2,500,000	Sierra Leone	1991-95: $6,250,000
Cameroon	1985-90: $2,747,000	Kenya	1989-93: $15,000,000	Somalia	1988-92: $8,060,000
Cape Verde	1990-94: $1,500,000	Korea, Dem. People's Rep. of	1989-92: $1,050,000	Sri Lanka	1989-93: $5,300,000
Central African Republic	1989-93: $3,000,000	Korea, Rep. of	1990-93: $1,400,000	Sudan	1987-91: $15,500,000
Chad	1990-94: $7,500,000	Lao People's Dem. Rep.	1987-91: $4,810,000	Suriname*	1989: $50,000
Chile	1989-90: $400,000	Lebanon*	1990-91: $1,000,000	Swaziland	1989-93: $805,000
China	1990-94: $62,000,000	Lesotho	1987-91: $2,570,000	Syrian Arab Republic*	1991-95: $2,500,000
Colombia	1989-92: $5,000,000	Liberia	1986-90: $2,435,000	Tanzania, United Rep. of	1987-91: $23,825,000
C[illegible]rus	1990-94: $1,500,000	Madagascar	1990-94: $12,500,000	Thailand	1989-93: $12,500,000
Congo	1988-92: $2,225,000	Malawi	1988-92: $9,150,000	Togo	1990-94: $4,250,000
Costa Rica	1989: $50,000	Malaysia	1989-91: $1,250,000	Trinidad and Tobago*	1989: $50,000
Côte d'Ivoire, Rep. of	1990-91: $1,940,000	Maldives	1990-94: $1,500,000	Tunisia	1987-91: $2,477,000
Cuba	1990-94: $700,000	Mali	1989-93: $13,500,000	Turkey	1988-92: $1,800,000
Dem. Yemen	1990-95: $5,500,000	Mauritania	1989-93: $2,405,000	Uganda	1990-95: $22,800,000
Djibouti	1989-93: $1,500,000	Mauritius	1990-94: $1,500,000	Uruguay*	1989: $212,000
Dominican Republic	1988-91: $2,001,000	Mexico	mid-1990-95: $8,050,000	Venezuela*	1989: $520,000
Eastern Caribbean Islands*	1988-92: $2,250,000	Mongolia	1986-90: $250,000	Viet Nam	1988-91: $24,000,000
Ecuador	1990-93: $2,250,000	Morocco	1987-91: $9,050,000	Yemen Arab Republic	1987-91: $6,250,000
Egypt	1990-94: $17,000,000	Mozambique	1990-95: $37,900,000	Zaire	1987-91: $21,500,000
El Salvador	1988-92: $1,638,000	Myanmar	1987-90: $20,000,000	Zambia	1987-91: $2,950,000
Equatorial Guinea	1989-93: $475,000	Namibia	1989-90: $2,000,000	Zimbabwe	1987-91: $6,150,000
Ethiopia	mid-1988-mid-93: $45,000,000	Nepal	1988-92: $17,500,000		
		Nicaragua	1990-mid-92: $1,450,000		

UNICEF programmes are approved for multi-year periods. Those recommendations proposed to the 1990 Executive Board session are indicated in colour and should be regarded as tentative.

In the case of certain countries, particularly those where a special programme has resulted from drought, famine, war or other emergency, the level of already supplementary-funded programmes is high enough to make a significant difference to the size of the overall programme. In addition to these levels, there are supplementary funds for long-term and emergency programmes.

UNICEF's programme expenditure in different countries is allocated according to three criteria: under-5 mortality rate (U5MR: annual number of deaths of infants under 5 years of age per 1,000 live births); income level (GNP per capita); and the size of the child population.

(1) Includes Antigua and Barbuda, British Virgin Islands, Dominica, Grenada, Montserrat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, and Turks and Caicos Islands.
(2) In addition – 1990-1994: $1,800,000 for Palestinians.
(3) Includes Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu.
(4) Financed from interregional funding only in 1989: Argentina, Barbados, Belize, Costa Rica, Gabon, Panama, Seychelles, Suriname, Trinidad and Tobago, Uruguay and Venezuela.

HEALTH FACTS

Over 14 million children under five in the developing countries die each year from all causes.

About four million children under five in the developing countries die each year from diarrhoea and related causes, the largest single cause of death of young children. Of these deaths, about two and a half million could be prevented by low-cost oral rehydration therapy (ORT).

Over four million under-fives die annually in the developing countries from acute respiratory infections.

Almost three and a half million children under five in the developing countries die each year from one of the six diseases which can be prevented by immunization.

Every day over nine thousand under-fives die in the developing countries from one of the six preventable diseases.

There are over 200 thousand cases of paralytic polio in young children every year.

Neonatal tetanus is the largest cause of neonatal deaths.

In many developing countries, at least half the deaths of children occur during the first month of life.

World-wide, about 20 million people, mainly in Africa and Asia, are infected by guinea worm disease, and a further 140 million are at risk.

ECONOMIC FACTS

Governments spend more on military activities than on health, at the global level and in all the major geographic regions. At the global level, 5.4% of the Gross National Product (GNP) is spent on the military and only 4.2% on health. The disparity increases for the developing countries where 5.6% of GNP is spent on the military but only 1.4% on health. While military and health expenditures, as a proportion of GNP, are about equal for Latin America and the Caribbean, the other extreme is represented by South Asia, where military expenditures are seven times those for health.

Government expenditures on military activities of the industrial countries, as a proportion of GNP, have decreased by about 15% since 1960. In sharp contrast, in the same period the military expenditures of the developing countries have increased by around 30%, and those of the forty least developed countries have increased by more than 40%. The increase in military expenditures as a proportion of GNP since 1960 has been highest in sub-Saharan Africa, at over 400%, followed by the Middle East and North Africa and South Asia at around 250%.

Government expenditures on health and education of the industrial countries are 9.9% of GNP, whereas the expenditures of the developing countries are 5.3% of GNP. However, the GNP per capita in industrial countries is nearly 17 times the GNP per capita in developing countries.

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Government expenditures on health and education of the industrial countries, as a proportion of GNP, have increased by nearly 70% since 1960. For the developing countries this increase has been about 60% and for the forty least developed countries the increase has been around 90%. The increase in health expenditures as a proportion of GNP since 1960 has been highest in the Middle East and North Africa, at over 100%, and lowest in sub-Saharan Africa, at about 15%.

While about one third of children live in absolute poverty in developing countries, over three fifths live in the forty least developed countries.

About 60% of the labour force in developing countries is in agriculture, but only about 12% of the labour force in the industrial countries is in this category. Over 70% of the labour force in the least developed countries is in agriculture.

About 60% of the labour force in the industrial countries is in services, whereas less than 30% of the labour force in developing countries is in this category.

Governments in many developing countries are devoting more than a third of their total annual expenditures to the maintenance of the military and the servicing of debt.

For every US$100 of imports, the industrial countries export about US$96, the developing countries export US$79 and the forty least developed countries only export US$40. By region, the lowest level of exports to every US$100 of imports is about US$40 for South Asia, with East and South-East Asia having the highest at US$91.

IMMUNIZATION FACTS

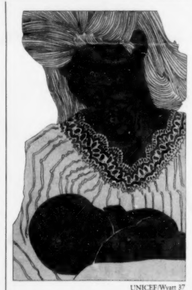
About 85 million one-year-old children in developing countries, some 76%, are currently immunized against polio.

Over 80 million one-year-old children in developing countries, some 73%, are currently immunized against diphtheria, whooping cough and tetanus.

Nearly 80 million one-year-olds in developing countries, some 70%, are immunized against measles.

Nearly 90 million one-year-old children in the developing countries, some 83%, are immunized against tuberculosis.

Every day, over 200 thousand children in the developing countries are immunized against polio, diphtheria, whooping cough, tetanus, measles and tuberculosis. Immunization coverage of one-year-olds against these six diseases is highest in East and South-East Asia, with more than four out of five children covered, and lowest in sub-Saharan Africa, where about one in two have been immunized. In South Asia, around six out of ten have been immunized, with the Middle East and North Africa and Latin America and the Caribbean having about seven out of ten.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About two million under-five deaths a year from vaccine-preventable diseases are now being averted in the developing countries. Over one million of these deaths would have been from measles.

DEMOGRAPHIC FACTS

There are 1,800 million children under 16 years of age world-wide, of whom 660 million are under five. About 85% of these children live in developing countries.

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Over 140 million babies are born annually, which is equivalent to nearly 390 thousand new babies each day, or 270 per minute.

Nearly one in 70 infants dies before reaching the age of one in the industrial countries, one in 13 dies before age one in the developing countries.

Over 14 million children die before age five, of whom nearly 10 million die before age one. This is equivalent to 40 thousand under-five deaths per day. Over 39 thousand of these deaths occur in developing countries.

Every minute 28 children under five die, and 27 of them are in developing countries.

MATERNAL HEALTH FACTS

About 40% of births in the developing countries are attended by trained health personnel, whereas in the industrial countries almost all births are attended by trained personnel. South Asia has only three out of ten births attended by trained health personnel, with sub-Saharan Africa at a similar level.

About half a million women in the developing countries die each year from causes related to pregnancy and childbirth leaving over a million young children motherless.

The forty least developed countries have the highest maternal mortality rate, and this is about 40 times the rate for the industrial countries. The least developed countries only have one fifth of their births attended by trained health personnel. Sub-Saharan Africa and South Asia have a mortality rate similar to that for the least developed countries, the Middle East and North Africa has a rate which is about half that of the least developed countries, and East and South-East Asia and Latin America and the Caribbean have a rate which is about a quarter that of the least developed countries.

How contributions help UNICEF...

Maintain child health by providing:

- **$2.68** ... A pair of forceps for a maternity centre.
- **$6.72** ... Two stethoscopes for a health centre.
- **$1.32** ... 100 capsules of an antibiotic to treat serious infections.
- **$2.60** ... 20 cakes of soap for a rural health centre.
- **$9.38** ... A first-aid kit, including instruction book.
- **$27.24** ... A midwifery kit with a canvas bag for a village birth attendant.
- **$35.42** ... A baby scale for a mother-child health centre so mothers can learn to monitor their children's growth.
- **$65.08** ... A kit containing basic equipment for a public health nurse to treat and prevent illnesses.
- **$190.49** ... A heavy-duty bicycle to enable a midwife or public health worker to reach remote villages.
- **$321.10** ... A kit of equipment and medicines for a village dispensary which enables a trained volunteer health worker to detect and treat the majority of simple illnesses among rural children and mothers.

Upgrade day-care centres by providing:

- **$1.09** ... A sewing frame for a day-care centre.
- **$15.93** ... A set of five soft stuffed toy animals.
- **$12.57** ... One set of wooden blocks for children.
- **$60.00** ... A set of musical instruments.
- **$16.02** ... A portable single burner gas stove for a community day-care centre.
- **$74.00** ... 50 stainless steel baby-size cups.
- **$123.30** ... A hand-operated sewing machine for teaching homecraft skills.
- **$110.00** ... A set of toys and educational play materials.
- **$537.60** ... 320 blankets for a day-care centre.

Prevent the deaths of 5 million young children from 6 leading diseases and the maiming, blinding, or mentally damaging of 5 million child survivors by providing:

- **$0.41** ... A box of 12 hypodermic needles to immunize children.
- **$1.11** ... A vaccine-storage thermometer for a rural health centre.
- **$10.00** ... Costs of vaccines, needles, syringes and adequate cold storage to immunize one child against the 6 leading child-killing and maiming diseases: diphtheria, measles, pertussis (whooping cough), polio, tetanus, and tuberculosis.
- **$35.00** ... A teaching module so local people can be trained in logistics of storing vaccines in cold chain equipment.
- **$35.00** ... A module for training mid-level managers of a National Expanded Programme on Child Immunization.
- **$12.00** ... An insulated portable vaccine carrier complete with 4 ice packs which can maintain the potency of 500 doses of vaccine.
- **$63.52** ... A transistorized megaphone to help a community health worker gather village children and their mothers for mass immunization activities.
- **$50.40** ... A vaccine-storage thermometer dial with remote reading suitable for a walk-in cold room facility for vaccine storage.
- **$360.00** ... Two weeks' training for a vaccinator.
- **$1269.72** ... A vaccine storage refrigerator adequate to store 50,000 doses of vaccine.
- **$880.00** ... Two weeks' training so that a cold chain technician can be trained to travel throughout the countryside to repair vaccine storage refrigerators which may break down.

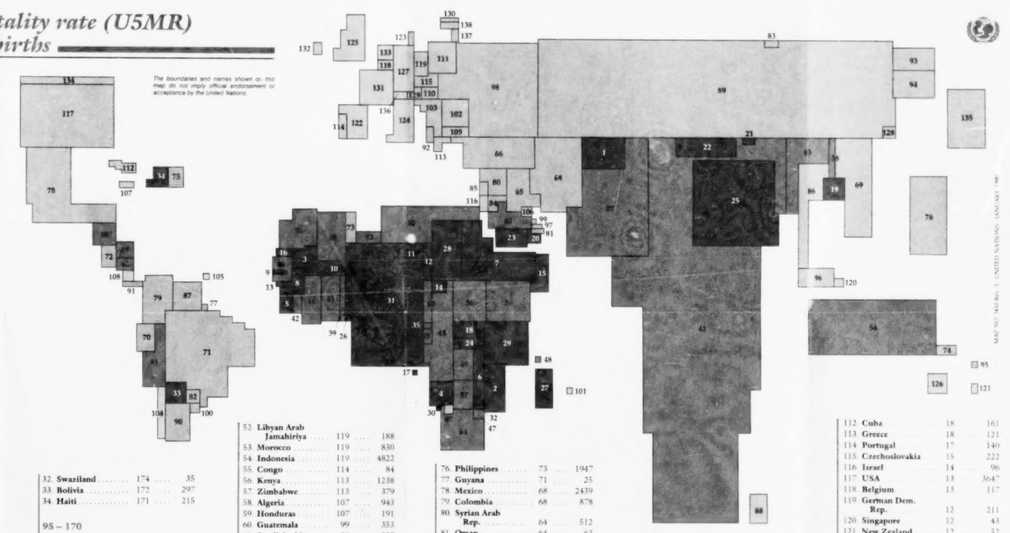
Under-five mortality rate (U5MR) and number of births

The under-five mortality rate (U5MR) is a new index developed by the UN Population Division, with UNICEF support. U5MR is the number of children who die before the age of five for every 1,000 born alive.

On this cartogramme the size of the country is determined by the number of births and the shadings depict the U5MR as follows:

- Very high U5MR countries (over 170)
- High U5MR countries (95-170)
- Middle U5MR countries (31-94)
- Low U5MR countries (30 and under)

The countries on this cartogramme are listed in descending order of their 1988 under-five mortality rate.


The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.
MAP NO. 3818 Rev. 1 UNITED NATIONS JANUARY 1989

	U5MR	Number of births (thousands)
OVER 170		
1. Afghanistan	300	843
2. Mozambique	298	669
3. Mali	292	444
4. Angola	292	450
5. Sierra Leone	266	191
6. Malawi	262	419
7. Ethiopia	259	2019
8. Guinea	248	305
9. Gambia	245	38
10. Burkina Faso	233	404
11. Niger	228	343
12. Chad	223	239
13. Guinea-Bissau	223	39
14. Central African Rep.	223	123
15. Somalia	221	353
16. Mauritania	220	89
17. Equatorial Guinea	214	18
18. Rwanda	206	347
19. Kampuchea	199	319
20. Yemen, Dem.	197	111
21. Bhutan	197	56
22. Nepal	197	714
23. Yemen	190	364
24. Burundi	188	236
25. Bangladesh	188	4642
26. Benin	185	226
27. Madagascar	184	516
28. Sudan	181	1062
29. Tanzania, U. Rep. of	176	1291
30. Namibia	176	15
31. Nigeria	174	5286
32. Swaziland	174	35
33. Bolivia	172	297
34. Haiti	171	215
95 – 170		
35. Gabon	169	43
36. Uganda	169	868
37. Pakistan	166	5263
38. Lao People's Dem. Rep.	159	159
39. Togo	153	146
40. Cameroon	153	451
41. India	149	26446
42. Liberia	147	109
43. Ghana	146	624
44. Côte d'Ivoire	142	596
45. Zaire	138	1542
46. Senegal	136	320
47. Lesotho	136	68
48. Comoros	129	22
49. Zambia	127	400
50. Egypt	125	1799
51. Peru	123	719
52. Libyan Arab Jamahiriya	119	188
53. Morocco	119	830
54. Indonesia	119	4822
55. Congo	114	84
56. Kenya	113	1238
57. Zimbabwe	113	379
58. Algeria	107	943
59. Honduras	107	191
60. Guatemala	99	353
61. Saudi Arabia	98	557
62. Nicaragua	95	150
63. Myanmar	95	1242
64. South Africa	95	1062
31 – 94		
65. Iraq	94	751
66. Turkey	93	1502
67. Botswana	92	57
68. Iran, Islamic Rep. of	90	2175
69. Viet Nam	88	2057
70. Ecuador	87	359
71. Brazil	85	4066
72. El Salvador	187	84
73. Tunisia	83	231
74. Papua New Guinea	81	145
75. Dominican Rep.	81	211
76. Philippines	73	1947
77. Guyana	71	25
78. Mexico	68	2439
79. Colombia	68	878
80. Syrian Arab Rep.	64	512
81. Oman	64	63
82. Paraguay	62	139
83. Mongolia	59	82
84. Jordan	57	182
85. Lebanon	51	82
86. Thailand	49	1218
87. Venezuela	44	569
88. Sri Lanka	43	380
89. China	43	22202
90. Argentina	37	672
91. Panama	34	61
92. Albania	34	74
93. Korea, Dem. People's Rep. of	33	623
94. Korea, Rep. of	33	790
95. Fiji	32	19
96. Malaysia	32	460
97. United Arab Emirates	32	33
98. USSR	32	5108
99. Bahrain	31	13
100. Uruguay	31	58
30 AND UNDER		
101. Mauritius	29	21
102. Romania	28	356
103. Yugoslavia	28	353
104. Chile	26	299
105. Trinidad and Tobago	23	29
106. Kuwait	22	61
107. Jamaica	22	62
108. Costa Rica	22	79
109. Bulgaria	20	115
110. Hungary	19	126
111. Poland	18	620
112. Cuba	18	161
113. Greece	18	121
114. Portugal	17	140
115. Czechoslovakia	15	222
116. Israel	14	96
117. USA	13	3647
118. Belgium	13	117
119. German Dem. Rep.	12	211
120. Singapore	12	48
121. New Zealand	12	52
122. Spain	12	503
123. Denmark	11	58
124. Italy	11	629
125. United Kingdom	11	755
126. Australia	10	243
127. Germany, Fed. Rep. of	10	635
128. Hong Kong	10	87
129. Austria	10	87
130. Norway	10	52
131. France	10	778
132. Ireland	9	67
133. Netherlands	8	174
134. Canada	8	362
135. Japan	8	1455
136. Switzerland	8	78
137. Finland	7	62
138. Sweden	7	93

Improve primary education by providing:

- **$0.89** ... A box of white dustless chalk (144 sticks each).
- **$1.32** ... 12 rulers for a classroom.
- **$0.96** ... 24 pencils for a classroom.
- **$0.05** ... A pencil sharpener.
- **$10.32** ... A large chalkboard for a classroom.
- **$6.79** ... A battery-operated clock for a classroom.
- **$100.00** ... A straight-back wooden chair for a teacher.
- **$102.01** ... A set of beginner's carpentry tools for a pre-vocational training programme.
- **$250.00** ... A teacher's desk for a classroom.
- **$477.01** ... An auto-mechanic's tool kit without wrenches to teach students this trade.
- **$770.00** ... 12 children's chair-desks for a classroom.
- **$925.00** ... A ton of paper for production of primary school textbooks.

Bring clean water and sanitation to children by providing:

- **$400.00** ... Handpump, pipes and accessories for constructing a deep well.
- **$400.00** ... 1,000 feet of rigid PVC plastic pipes (1½" diameter) for a community water supply project.
- **$900.00** ... 1,000 feet of galvanized iron waterpipes (1¼" diameter) for use where plastic piping cannot serve the purpose.
- **$5.00** ... A plastic water-seal latrine pan and outlet pipe which enables villagers to outfit hygienic latrines in areas where all the rest of the materials needed are locally available.
- **$1800.00** ... A portable water testing lab., vital to ensure that rural water supplies are safe for drinking.
- **$75.00** ... Complete construction materials for sanitary latrines, including composting latrines, which turn waste products into harmless fertilizer for local use.

Improve children's nutrition by providing:

- **$4.01** ... Galvanized wire (5 kg roll) for fencing a school or community vegetable garden.
- **$9.85** ... A spade for use in a school vegetable garden.
- **$10.00** ... Baby fish (fish fingerlings) to stock a pond for a potential protein supply for a rural village.
- **$6.12** ... A full-size garden hose for a school or community garden.
- **$15.15** ... A food preserving kettle for teaching in rural women's clubs.
- **$24.94** ... A grill-type feeder for 30 hens for a school or community poultry farm.
- **$45.00** ... A roll of poultry netting for chicken coops on a rural poultry farm.
- **$29.33** ... A wheelbarrow for use in a school vegetable garden.
- **$116.50** ... A brooder for 50 baby chicks.

EDUCATION AND LITERACY FACTS

Over one fifth of children of primary school age in the developing countries, that is about 130 million, are not attending school.

Over half the children of primary school age in the forty least developed countries are not attending school. The highest rate of non-attendance is in sub-Saharan Africa, more than one in two, followed by one in three in South Asia. The lowest rate for developing countries is found in East and South-East Asia, at less than one in 10.

Nearly 60% of children of secondary school age in the developing countries, that is about 280 million, are not attending school.

One quarter of girls of primary school age in developing countries are not attending school, whereas only one seventh of boys of the same age are not attending school. In the least developed countries about half of the boys of primary school age are not attending school, compared to around two thirds of the girls of the same age. By region, parity in access to primary school between the sexes exists in Latin America and the Caribbean, and East and South-East Asia are close to achieving parity.

About one third of children enrolled in primary school in developing countries drop out of school before completing four grades, which is considered the minimum necessary for achieving basic literacy skills.

Repetition in primary school is most common in sub-Saharan Africa, where in seven out of ten countries more than 10% of children repeat at least one grade, and in three out of ten countries more than 30% of children repeat at least one grade.

There are nearly 1,000 million illiterates world-wide. About 40% of adults are illiterate in the developing countries, but more than 60% are illiterate in the forty least developed countries.

Geographically, the highest illiteracy rates are to be found in sub-Saharan Africa and Southern Asia (over 50%), with the Arab countries a little lower, but with much lower rates in East and South-East Asia (about 25%) and Latin America and the Caribbean (about 15%).

About 50% of women are illiterate in the developing countries, versus

UNICEF/Wyatt 40

less than 40% of men. In the forty least developed countries over 70% of women are illiterate versus about 50% of men.

The primary pupil to teacher ratio in the developing countries is 35, and for the least developed countries it is 48. In the industrial countries the ratio is 19. At the regional level the ratio is around 26 for the Middle East and North Africa, Latin America and the Caribbean and East and South-East Asia. For sub-Saharan Africa and South Asia the ratio is about 40.

WATER AND SANITATION FACTS

About half of the approximately 660 million children under five living in the developing countries have access to safe water. But only about a third of under-fives have access to safe water in the forty least developed countries.

Whereas nearly 80% of the population in the developing countries have access to safe water in urban areas, only about 40% have access in rural areas.

UNICEF/Wyatt 39

The lowest rate of access to clean water is found in rural areas of sub-Saharan Africa, about 25%. In rural areas of the Middle East and North Africa, South Asia, East and South-East Asia and Latin America and the Caribbean, between 40% and 50% of the population have access to clean water.

About a third of the approximately 660 million children under five living in the developing countries have access to adequate sanitation. But only a fifth of the under-fives have access to adequate sanitation in the forty least developed countries.

About 60% of the population in developing countries have access to adequate sanitation in urban areas, but less than 20% have access to it in rural areas.

All major geographic regions show a large difference between urban and rural areas with respect to access to both safe water and adequate sanitation.

MORTALITY FACTS

While on a world-wide basis the number of under-five deaths has decreased by about a third since 1960, there are still over 14 million under-fives who will die in 1990.

The under-five mortality rate in the developing countries, that is the proportion of children dying before reaching their fifth birthday, fell from close to 240 deaths per 1,000 live births in 1960 to about 140 in 1980 and to about 120 in 1989.

For the forty least developed countries, the under-five mortality rate of about 290 deaths per 1,000 live births in 1960 fell to about 230 in 1980 and about 200 in 1989.

The under-five mortality rate in the developing countries is about seven times higher than for the industrial countries, where the rate is 17. The under-five mortality rate in the forty least developed countries is about 12 times the rate for the industrial countries.

Infant mortality rates have declined substantially in all major regions in the past three decades, but the size of these declines has been uneven, ranging from around 30% in sub-Saharan Africa to 60% in Eastern Asia and the industrial countries.

NUTRITION FACTS

About 36% of children under five in developing countries, excluding China, or about 150 million, are malnourished in terms of being underweight for their age. Only 3% of well-nourished children would fall into this category. By region, about four in ten children under five are underweight in Asia, one in three children in sub-Saharan Africa and one in seven children in Latin America and the Caribbean.

More than one in six malnourished children are suffering from severe malnutrition in terms of weight for their age, that is, about 23 million children under the age of five.

One in six infants in the developing countries is born each year weighing less than 2,500 grammes, nearly three times the proportion found in the industrial countries. Nearly one in three babies is born weighing less than 2,500 grammes in South Asia, about one in six in sub-Saharan Africa, around one in 10 in East and South-East Asia, and one in 14 in the Middle East and North Africa.

UNICEF/Wyatt 41

Each year, at least 250 thousand young children lose their sight for lack of a small amount of vitamin A in their diet. As well as being the leading cause of childhood blindness in developing countries, vitamin A deficiency also reduces resistance to other infections and often causes anaemia and impaired growth. World-wide, about 40 million pre-school children suffer from some degree of vitamin A deficiency.

An estimated 800 million people world-wide are at risk of iodine deficiency, with 190 million suffering from goitre and three million from overt cretinism. Iodine deficiency disorders sap the well-being and productivity of tens of millions of adults and irreparably damage the mental and physical capacities of many millions of children.

Only about 90% of the daily food calorie requirement per person is available in the forty least developed countries. This compares with nearly 110% for all developing countries and over 130% for industrial countries. By region, the lowest level of calorie supply is found in sub-Saharan Africa, with about 90%, and the highest level in the developing regions is around 120% in the Middle East and North Africa. The calorie supply level is about 100% for South Asia and around 110% for East and South-East Asia and Latin America and the Caribbean.